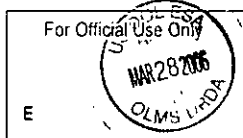


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9352</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2005 Through: <u>12</u> / <u>31</u> / 2005
3. Name and address of person filing. Name <u>Shannon R Silva</u> P.O. Box, Bldg., Room No., if any Street <u>2731 B Street</u> City <u>San Diego</u> State <u>California</u> ZIP Code +4 <u>92102</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Union Local No. 683</u> Labor Organization File Number <u>036-805</u> P.O. Box, Building and Room Number, if any Street <u>2731 B Street</u> City <u>San Diego</u> State <u>California</u> ZIP Code +4 <u>92102</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Gallo Wine Company</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>2650 Commerce Way</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code +4 <u>90040</u>	7.a. Nature of Interest, Transaction, or Income. <u>January 20 - Dinner 100.00</u> 7.b. Amount. <u>\$100</u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Shannon R Silva</u>	On <u>3/14/2006</u>	<u>619-232-7903</u>
	Date	Telephone Number

Name of Person Filing <b>Shannon Silva</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Health Net</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>333 S Arroyo Parkway</b></p> <p>City <b>Pasadena</b></p> <p>State <b>California</b> ZIP Code + 4 <b>91105</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>San Diego County Teamsters Employer's Trust</b></p> <p>Trade Name, if any: <b>STEFA</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>2831 Camino Del Rio South</b></p> <p>City <b>San Diego</b></p> <p>State <b>California</b> ZIP Code + 4 <b>92108</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Health Care Provider</b></p>
	<p>11.b. Approximate dollar value of such dealing. <b>\$0</b></p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>March 17 - Golf</b></p>
	<p>12.b. Amount. <b>\$140</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>none</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. <b>\$0</b></p>

Name of Person Filing <b>Shannon Silva</b>	File Number <b>U-</b>
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**Part A Continuation Page**

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).  Name <b>Gallo Wine Company</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>2650 Commerce Way</b>  City <b>Los Angeles</b>  State <b>California</b> ZIP Code + 4 <b>90040</b>	7.a. Nature of Interest, Transaction, or Income. <b>January 21 - Dinner</b>  7.b. Amount.  <div style="text-align: right;">\$100</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).  Name <b>Gallo Wine Company</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>2650 Commerce Way</b>  City <b>San Diego</b>  State <b>California</b> ZIP Code + 4 <b>90040</b>	7.a. Nature of Interest, Transaction, or Income. <b>January 22 - Brunch</b>  7.b. Amount.  <div style="text-align: right;">\$50</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.   7.b. Amount.



### Disclaimer

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2005. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter, which should have been reported for calendar year 2005, I will file an amended Form LM-30.

Shannon R Silvug  
Print Name

March 15, 2006  
Date

Shannon R Silvug  
Signature